

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR Mr. FIRST Saul MI  
NICKNAME LAST SUFFIX  
Gonzalez

OFFICE USE ONLY

Date Received

City Clerk

JAN 17 2017

City of San Marcos

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
816 Stagecoach TR  
San Marcos TX 78666

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 749-2252

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR Mr. FIRST Clinton MI  
NICKNAME LAST SUFFIX  
Hoerner Jr.

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
816 Stagecoach TR San Marcos TX 78666

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 757-7433

9 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
12 / 5 / 2016 THROUGH 1 / 16 / 2017

11 ELECTION

ELECTION DATE  
Month Day Year  
  /  /  

ELECTION TYPE  
☐ Primary ☐ Runoff ☒ Other  
Description  
☐ General ☐ Special

Semi Annual Report

12 OFFICE

OFFICE HELD (if any)

City council pt. 2

13 OFFICE SOUGHT (if known)

GO TO PAGE 2



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Saul Gonzales

3 Filer ID (Ethics Commission Filers)

4 Date

12/16

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mary E or Ron Cauble

6 Contributor address;

City; State; Zip Code

605 Rogers San Marcos TX 78666

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/10

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Edward Mihalka

Contributor address;

City; State; Zip Code

517 W Hopkins St San Marcos TX 78666

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

Texas State University

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>		2 FILER NAME <b>Saul Gonzales</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12-13-2016</b>		5 Payee name <b>Maganita Hirecheta</b>			
6 Amount (\$) <b>150.00</b>		7 Payee address; City; State; Zip Code <b>516 Lockwood San Marcos TX 78668</b>			
8  <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  <b>Food/Beverage Expense</b>		(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
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Date		Payee name			
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
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